

1 UNITED STATES DISTRICT COURT  
2 FOR THE MIDDLE DISTRICT OF TENNESSEE  
3 NASHVILLE DIVISION

---

4 KAYLA GORE; JAIME COMBS;  
5 L.G.; and K.N.,

6 Plaintiffs,

7 vs.

Case No. 3:19-0328

8 WILLIAM BYRON LEE, in his  
9 official capacity as  
10 Governor of the State of  
11 Tennessee; and LISA  
12 PIERCEY, in her official  
13 capacity as Commissioner  
14 of the Tennessee  
15 Department of Health,

16 Defendants.

---

17 Videoconference Deposition of:

18 SHAYNE SEBOLD TAYLOR, M.D.

19 Taken on behalf of Defendants  
20 April 15, 2020

---

21  
22 Elite Reporting Services  
23 www.elitereportingservices.com  
24 Lindsey R. Perry, LCR, RPR, CRR, CSR  
25 Post Office Box 292382  
Nashville, Tennessee 37229  
(615)595-0073

1 THE WITNESS: At this point, I believe  
2 that we should continue to use an infant's genitals  
3 as a proxy for their sex, as we are unable to have  
4 the capacity to do a further diagnostic workup on  
5 every individual that's born. With that said, if an  
6 infant or a child or an individual disagrees with  
7 that proxy that we use and said that it was the  
8 wrong sex, they should not be penalized for that.

9 BY MS. SHEW:

10 Q. And what do you mean by "They should not be  
11 penalized for that"?

12 A. Well, what I'm trying to say is that if --  
13 somebody's gender identity and how they identify is  
14 the determining factor for their sex, not the proxy  
15 that we used when they were in the delivery room  
16 when they were born.

17 Q. Let's flip ahead, Dr. Taylor, to  
18 Paragraph 41 of your report.

19 A. Okay.

20 Q. You describe gender transition for persons  
21 who suffer from gender dysphoria as having three  
22 components: Social transition, medical transition,  
23 and surgical transition; correct? Three possible  
24 components, not three necessary components. Is that  
25 correct?

1 BY MS. SHEW:

2 Q. Okay. Let's look at Paragraph 53 of your  
3 report. And you're talking about -- following from  
4 52, it looks like you're talking about a worsening  
5 of -- I don't know if you're talking about a  
6 worsening of gender dysphoria or just the impact of  
7 the identification documents, but you said you've  
8 had -- well, I want to find out if these are  
9 actually -- you give an example of "A student  
10 applying to college may not get assigned appropriate  
11 and safe housing if their legal documentation is  
12 incorrect or incongruent."

13 Are you familiar with -- are you personally  
14 familiar with examples of that happening?

15 A. I have many students who are -- college  
16 students who live in communal housing who were given  
17 housing with individuals based on their sex assigned  
18 at birth and not their gender identity.

19 Q. Do you know how -- do you know if -- if  
20 there are any that have not been able to get that  
21 rectified?

22 A. I don't know.

23 Q. Later on in -- then -- oh. Let's -- next  
24 sentence, I suppose, you say it can "lead to  
25 significant anxiety." "... so much so that

1 transgender youth may opt out of applying to college  
2 altogether."

3 Are you personally aware of a situation  
4 where that occurred?

5 A. I am aware of transgender students who have  
6 ended up dropping out of college because of the  
7 challenges being so great. I specifically don't  
8 know of somebody who didn't apply to college because  
9 of these challenges.

10 Q. Okay. And then you say "A transgender woman  
11 with incorrect documentation may be unable to stay  
12 in a women's homeless shelter..."

13 Are you personally aware of any situation in  
14 which that has occurred?

15 A. No.

16 Q. Going down to Paragraph 54, you mention in  
17 this paragraph that your patients frequently report  
18 certain challenges, and I want to go through some of  
19 those.

20 First, they report the challenges they face  
21 at the pharmacy filling prescriptions.

22 What is the challenge they're facing at the  
23 pharmacy?

24 MR. GONZALEZ-PAGAN: Objection. Form.

25 THE WITNESS: Pharmacists questioning

1 why they're on the medications that they're being  
2 prescribed; insurance companies refusing to pay for  
3 those medications because they don't see a medical  
4 indication for it are some examples.

5 BY MS. SHEW:

6 Q. All right. And then what are the challenges  
7 at the DMV?

8 A. Challenges at the DMV could include having a  
9 gender presentation that is different than their  
10 gender marker that is listed on their ID; challenges  
11 that come with trying to change their gender marker  
12 that is listed on their driver's license. Those are  
13 some examples.

14 Q. Going back to the pharmacy issue for a  
15 moment, has -- have you had a patient or have  
16 personal knowledge of anybody who's been asked to  
17 present a birth certificate at a pharmacy?

18 MR. GONZALEZ-PAGAN: Objection. Form.

19 THE WITNESS: No.

20 BY MS. SHEW:

21 Q. And then you said challenges talking to  
22 their health insurance companies.

23 What personal examples can you give with  
24 that -- with respect to that?

25 MR. GONZALEZ-PAGAN: Objection. Form.

1 THE WITNESS: Coverage for certain  
2 preventative health-related procedures; coverage for  
3 their medications; disclosing -- or changing their  
4 gender marker with the insurance company and then  
5 how that leads to -- how that could potentially lead  
6 to downstream lack of coverage for other procedures;  
7 trying to get medications and services covered.

8 BY MS. SHEW:

9 Q. I'm curious. What is the -- what is the  
10 obstacle or obstacles they're facing with respect to  
11 preventative health procedures?

12 A. Every transgender person has their gender  
13 marker changed on their insurance card, their  
14 insurance documentation, so let's say somebody who  
15 was assigned female at birth identifies as male and  
16 has their documentation changed to reflect their  
17 gender identity for their gender -- their insurance  
18 card says that they're male, that insurance company  
19 may, therefore, not pay for a mammogram or a Pap  
20 smear even though the patient still has that anatomy  
21 that still needs to be screened for malignancies.

22 Q. Okay. Thank you.

23 In Paragraph 55, you say "Transgender people  
24 may feel that they're unable to participate in their  
25 communities, neighborhoods, schools, or jobs with

1 without having documentation that reflects their  
2 gender identity."

3 What -- what examples are you aware of?

4 A. I think it's the fact -- I think it's partly  
5 the fact that we have data to suggest that a  
6 transgender person's dysphoria can worsen when they  
7 don't feel that their community or their legal  
8 system or their state recognizes them for who they  
9 really are, and, therefore, they may feel limited in  
10 their ability to participate in their communities  
11 because they do not feel recognized by their  
12 communities.

13 Q. Do you have any more specific examples or is  
14 that what you meant by the statement in  
15 Paragraph 55?

16 MR. GONZALEZ-PAGAN: Objection. Form.

17 THE WITNESS: I would need some more  
18 time to think about a specific example.

19 BY MS. SHEW:

20 Q. Well, we'll come back to that one.

21 Paragraph 56, you refer to a 2015 Canadian  
22 study which "demonstrated that having one or more  
23 identity documents concordant with gender identity  
24 was statistically significantly associated with  
25 reduced suicidal ideations and attempts. Based on

1 MS. SHEW: I was just about to suggest  
2 that, so let's break for about five minutes, and I  
3 suggest, as I did the other day, that people not  
4 sign out of the Webex for the break because we --  
5 sooner or later, somebody won't make it back in.

6 So if everybody will just do whatever  
7 you want to -- whatever you want to do to mute, et  
8 cetera, we'll reconvene in about five minutes.  
9 Thank you.

10 MR. GONZALEZ-PAGAN: Thank you.

11 (Short break.)

12 BY MS. SHEW:

13 Q. Dr. Taylor, I asked you a little while ago  
14 in the deposition about Paragraph 55 of your report.  
15 If you'll look at that. That said "Transgender  
16 people may feel that they are unable to participate  
17 in their communities, neighborhoods, schools, or  
18 jobs without having documentation that reflects  
19 their gender identity. This can further lead to  
20 social isolation and worsening gender dysphoria."  
21 And I asked you earlier in your deposition if you  
22 knew of specific examples, and you said you would  
23 need to -- some time to think about that.

24 Have you thought of any specific examples?

25 A. I have not thought of any specific examples.



1 Q. Did you have any specific examples in  
2 mind -- do you recall if you had any specific  
3 examples in mind when you authored that particular  
4 paragraph?

5 A. I don't know if I had any specific examples  
6 in mind.

7 MS. SHEW: Okay. That's all the  
8 questions I have.

9 MR. GONZALEZ-PAGAN: Thank you, Dianna.

10 We only have -- Dr. Taylor, we only have  
11 one quick follow-up question.

12  
13 EXAMINATION

14 QUESTIONS BY MR. GONZALEZ:

15 Q. Do you recall -- in looking at your report,  
16 Paragraph 54, do you recall being -- testifying as  
17 to problems that people may encounter with regards  
18 to preventative care, such as mammograms or Pap  
19 smears, once they correct the sex marker on their  
20 insurance? Do you recall that line of questioning?

21 A. I do.

22 Q. The fact that people may encounter those  
23 issues with insurance coverage for preventative  
24 care, does that mean that a person should not be  
25 allowed to correct the marker for the sex on their